

**Table 11**  
**North Carolina Medicaid**  
**State Fiscal Year 2002**  
**Service Expenditures For Selected Major Medical Services By Program Category**

<u>Type of Service</u>	<u>Total</u>	<u>Percent of Service Dollars</u>	<u>Aged</u>	<u>MQBQ* Medicare Qualified Beneficiary</u>	<u>MQBB + MQBE Part B Premium Only</u>	<u>Blind</u>	<u>Disabled</u>	<u>Other Adult**</u>	<u>Children***</u>	<u>Aliens &amp; Refugees</u>	<u>Adjustments Unattributable to a Specific Category</u>
Inpatient Hospital	\$ 862,769,349	14.0%	\$ 18,396,816	\$ 47,836	\$ -	\$ 1,960,701	\$ 379,581,367	\$ 197,029,507	\$ 240,156,436	\$ 31,019,786	\$ (5,423,100)
Outpatient Hospital	431,017,843	7.0%	29,690,696	111,501	-	1,192,858	165,736,319	119,496,375	115,978,863	1,327,692	(2,516,460)
Mental Hospital (> 65)	8,004,224	0.1%	7,996,700	-	-	7,937	-	-	-	-	(413)
Psychiatric Hospital (< 21)	22,538,016	0.4%	-	-	-	-	6,228,232	3,414	16,337,778	-	(31,407)
Physician	583,795,009	9.5%	55,608,315	194,602	927	1,416,988	179,865,425	149,451,841	191,170,586	9,677,810	(3,591,484)
Clinics	431,812,460	7.0%	12,566,037	60,951	(229)	893,438	196,670,592	44,621,849	178,962,734	1,353,562	(3,316,473)
Nursing Facility:											
Skilled Level	428,768,724	6.9%	361,751,228	1,037	-	1,245,704	65,734,525	196,722	56,588	15,242	(232,325)
Intermediate Level	450,131,946	7.3%	405,783,660	-	-	1,390,018	42,938,978	5,187	98,317	147	(84,361)
Intermediate Care Facility (Mentally Retarded)	414,508,021	6.7%	22,648,400	-	-	7,237,850	382,048,755	-	2,894,222	-	(321,206)
Dental	104,388,003	1.7%	7,529,959	35	-	164,565	21,147,214	20,420,462	55,131,450	147,593	(153,275)
Prescription Drugs	1,056,158,750	17.1%	350,007,150	-	-	3,881,378	497,238,355	89,311,298	115,807,554	94,529	(181,513)
Home Health	146,906,481	2.4%	29,390,531	7,077	-	1,108,936	98,734,398	6,223,915	11,884,635	31,472	(474,483)
CAP/Disabled Adult	211,395,841	3.4%	157,524,651	-	-	1,828,824	52,087,719	-	-	-	(45,353)
CAP/Mentally Retarded	251,905,349	4.1%	4,787,386	-	-	2,685,624	242,203,262	-	2,957,113	-	(728,036)
CAP/Children	20,484,920	0.3%	-	-	-	83,237	19,540,371	-	869,229	-	(7,917)
Personal Care	152,655,698	2.5%	102,591,348	-	-	1,586,511	47,012,632	1,198,087	440,405	2,866	(176,151)
Hospice	18,964,897	0.3%	10,680,237	-	-	71,209	7,886,970	330,328	32,331	-	(36,178)
EPSDT (Health Check)	44,075,153	0.7%	6,808	-	-	6,995	1,295,628	125,038	42,687,067	6,088	(52,472)
Lab & X-ray	20,415,063	0.3%	118,344	431	-	40,904	4,389,409	8,272,965	7,584,935	45,046	(36,972)
Adult Home Care	117,492,781	1.9%	71,251,484	-	-	315,242	45,942,921	6,341	19,756	165	(43,128)
High Risk Intervention Residential	48,507,274	0.8%	-	-	-	-	11,297,936	-	37,282,902	-	(73,564)
Other Services	114,612,120	1.9%	13,087,736	15,802	-	286,811	36,757,338	30,771,280	33,311,957	626,940	(245,744)
<b>Total Services</b>	<b>5,941,307,922</b>	<b>96.2%</b>	<b>1,661,417,484</b>	<b>439,272</b>	<b>698</b>	<b>27,405,730</b>	<b>2,504,338,347</b>	<b>667,464,607</b>	<b>1,053,664,858</b>	<b>44,348,938</b>	<b>(17,772,013)</b>
<b>Medicare:</b>											
Part A Premiums	40,897,468	0.7%	40,405,218	10,580	-	566,293	6,961	-	-	-	(91,584)
Part B Premiums	151,522,851	2.5%	81,258,287	470,051	20,541,606	646,554	48,172,190	280,206	4,502	1,228	148,227
HMO Premiums	42,181,980	0.7%	514	-	-	88,350	9,516,231	13,703,828	18,868,602	4,456	-
<b>Total Premiums</b>	<b>234,602,299</b>	<b>3.8%</b>	<b>121,664,019</b>	<b>480,631</b>	<b>20,541,606</b>	<b>1,301,197</b>	<b>57,695,382</b>	<b>13,984,033</b>	<b>18,873,104</b>	<b>5,683</b>	<b>56,643</b>
<b>Grand Total Services and premiums</b>	<b>\$ 6,175,910,221</b>		<b>\$ 1,783,081,503</b>	<b>\$ 919,904</b>	<b>\$ 20,542,304</b>	<b>\$ 28,706,927</b>	<b>\$ 2,562,033,729</b>	<b>\$ 681,448,640</b>	<b>\$ 1,072,537,963</b>	<b>\$ 44,354,622</b>	<b>\$ (17,715,369)</b>

Note: Grand Total Expenditures do not include adjustments processed by DMA, settlements, Disproportionate Share Costs and State and County Administration costs, and certified public funds in other agencies.

\* Reflects expenditures for those who were eligible as QMBs at the end of the year. As a result, expenditures include more services than are available through QMB coverage (Medicare-covered services only.)

\*\* Includes individuals covered under SOBRA Pregnant Women policies or individuals age 21 & over under TANF or AFDC related coverage.

\*\*\* Includes SOBRA Children, individuals under age 21 in TANF or AFDC related coverages or Other Children in Foster Care.